

The Alyssa Araiza
"Wings of Angels" Organization
Dedicated to Children with Cancer and Serious Illness

Application

CHILD'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DATE OF BIRTH _____ **PHONE** _____

ILLNESS _____ **DATE DIAGNOSED** _____

HOSPITAL/DOCTOR _____

CHILD LIVES WITH: MOTHER _____ **FATHER** _____ **OTHER** _____

MOTHER'S NAME/EMPLOYER _____

FATHER'S NAME/EMPLOYER _____

SIBLINGS/AGES _____

Please return forms to:
Wings of Angels
6907 Weeks Road
Redding CA 96002
530-378-2373
alyssaswingsofangels.org